



**Business Solutions Association**  
APPLICATION FOR WHOLESALER MEMBERSHIP

*Organizations or individuals who are engaged in the manufacture, sale and distribution of business, art, and education products or services or organizations, trade associations, or individuals whose activities or specialized services support the Association's basic purposes, are eligible for membership in this Association.*

**COMPANY INFORMATION**

Print or type information below. Fill in completely.

Firm Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Web site address: \_\_\_\_\_

**KEY PERSONNEL**

Name of authorized BSA representative: \_\_\_\_\_

Title: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address \_\_\_\_\_

Name of first alternate: \_\_\_\_\_

Title: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address \_\_\_\_\_

List the names and locations of any branch or affiliated firms: \_\_\_\_\_

\_\_\_\_\_

List the names of manufacturers whose products your company carries:

1 \_\_\_\_\_ 2 \_\_\_\_\_

3 \_\_\_\_\_ 4 \_\_\_\_\_

5 \_\_\_\_\_ 6 \_\_\_\_\_

List branches with warehouses, manager and address (use additional sheet if necessary):

\_\_\_\_\_

\_\_\_\_\_

Is your business exclusively wholesale?  Yes  No

If dual operation, are wholesale and retail divisions separate corporations?  Yes  No

Outside salespersons (number) \_\_\_\_\_ Inside salespersons (number) \_\_\_\_\_

Do you publish a catalog for the dealer?  Yes  No

Trade territory covered (list by state and foreign countries): \_\_\_\_\_

Approximate size of warehouse: \_\_\_\_\_

Briefly state the reasons for seeking membership in BSA: \_\_\_\_\_

Membership in any other trade and/or professional organizations: \_\_\_\_\_

## DUES FOR WHOLESALERS

MEMBERSHIP DUES INVESTMENT SCHEDULE	
Sales Volume	Dues Amount
Under \$100 Million	\$750
Over \$100 Million	\$4,000

Dues are based on sales volume of previous year

YOUR DUES MAY BE DEDUCTIBLE AS AN ORDINARY AND NECESSARY BUSINESS EXPENSE, AND ARE NOT DEDUCTIBLE AS A CHARITABLE CONTRIBUTION.

I certify that the dues category specified on the reverse side accurately reflects my company's annual sales for the company's most recent taxable year. I agree, as a member of BSA, our company will abide by the Bylaws and Policies of the Association and will pay our annual association dues.

By (corporate officer or CPA):

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

Title \_\_\_\_\_ Date \_\_\_\_\_

## PAYMENT INFORMATION

Check (payable to BSA)      Credit Card:  Visa       Mastercard       American Express

Card#: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_